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UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. Patent Application No. 10/067,979

First Named Inventor: FISCHETTI, ET AL.

Date Filed : 02/08/2002

TITLE: USE OF BACTERIAL PHAGE ASSOCIATED LYSING ENZYMES FOR TREATING
UPPER RESPIRATORY ILLNESSES

The Honorable Commissioner of
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Sir or Madam:

I am the attorney for the above listed trademark. Please be advised that my address has changed. My new address and telephone is:

Jonathan E. Grant
2107 Hounds Run Place
Silver Spring, Maryland 20906

Please call me at (301) 603-9071 if you have any questions.

Thank you.

Very truly yours,

A handwritten signature in black ink, appearing to read "Jonathan E. Grant".

Jonathan E. Grant
Tel. 301-603-9071



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Bib Data Sheet

CONFIRMATION NO. 4199

SERIAL NUMBER 10/067,979	FILING OR 371(c) DATE 02/08/2002 RULE	CLASS 424	GROUP ART UNIT 1651	ATTORNEY DOCKET NO. NH-METHOD STREP
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APPLICANTS

Vincent Fischetti, West Hempstead, NY;
Lawrence Loomis, Columbia, MD;

**** CONTINUING DATA *******

This application is a CON of 09/671,880 09/28/2000 PAT 6,406,692
which is a CIP of 09/497,495 04/18/2000 PAT 6,238,661
which is a CON of 09/395,636 09/14/1999 PAT 6,056,954
which is a CIP of 08/962,523 10/31/1997 PAT 5,997,862

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
** 02/28/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE

Therapeutic treatment of upper respiratory infections

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FILING FEE RECEIVED 615	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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